## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Everson Francis	_				
	CV8481				
	FO A O # O #				
(In the space above enter the full name(s) of the plaintiff(s).)	COMPLAINT				
against					
-against-					
NYPD Officer Liberator	_ Jury Trial: ★1 Yes □ No				
New York City	(check one)				
New York State	***				
NYPD	<b></b>				
	_				
	_				
	<del>-</del>				
(In the space above enter the full name(s) of the defendant(s). If you	CEIVE				
cannot fit the names of all of the defendants in the space provided,					
please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names	OCT 2 1 2014				
listed in the above caption must be identical to those contained in					
Part I. Addresses should not be included here.)	PROSE				
	PROSE CHICE				
I. Parties in this complaint:					
A. List your name, address and telephone number. If yo	on are presently in custody, include your				
A. List your name, address and telephone number. If you identification number and the name and address of your of	current place of confinement. Do the same				
for any additional plaintiffs named. Attach additional s	dentification number and the name and address of your current place of confinement. Do the same or any additional plaintiffs named. Attach additional sheets of paper as necessary.				
Plaintiff Name Everson Francis					
Street Address 4505 Bronx Blvd. suite 3					
County, City Bronx					
State & Zip Code New York, 10470	State & Zip Code New York, 10470				
Telephone Number 6466263007	Telephone Number 6466263007				
B. List all defendants. You should state the full name of	the defendant, even if that defendant is a				
government agency, an organization, a corporation, or	an individual. Include the address where				
each defendant may be served. Make sure that the defendant	each defendant may be served. Make sure that the defendant(s) listed below are identical to those				
contained in the above caption. Attach additional sheet	is of paper as necessary.				
Defendant No. 1 Name Officer Liberator					
Street Address					

		County, City				
		State & Zip Code				
		Telephone Number				
Dafaná	lant No.	Nome				
Detend	iani No.	Name				
		Street Address				
		County, City				
		State & Zip Code Telephone Number				
Defend	lant No.	Name				
		Street Address				
		County, City				
		State & Zip Code				
		Telephone Number				
Defend	ant No.	Name				
		Street Address				
		County, City				
		State & Zip Code				
		Telephone Number				
II.	Basis fo	urisdiction:				
cases in U.S.C. question	volving § 1331, n case. V	courts of limited jurisdiction. Only two types of cases can be heard in federal court: ederal question and cases involving diversity of citizenship of the parties. Under 28 case involving the United States Constitution or federal laws or treaties is a federal der 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another at in damages is more than \$75,000 is a diversity of citizenship case.				
A.	What is the basis for federal court jurisdiction? (check all that apply)					
	☑ Federal Questions  ☑ Diversity of Citizenship					
В.	If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty righ is at issue? Amendment 5,6, 8. Defamation, slander, libel, more information attached.					
		for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?				
	Plaintiff(s) state(s) of citizenship Michigan					
	Defendant(s) state(s) of citizenship New York					
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## III. Statement of Claim:

State as briefly as possible the <u>facts</u> of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

	A.	Where did the events giving rise to your claim(s) occur? Bronx, New York				
	B. 10/13	B. What date and approximate time did the events giving rise to your claim(s) occur?				
	<del></del>					
	C.	Facts: Please see attachment				
What happened to you?	Value of the second					
	<del></del>					
Who did what?						
•						
	1					
Was anyone else involved?						
	<u> </u>					
Who else saw what happened?						
	IV.	Injuries:				
	If you treatm	a sustained injuries related to the events alleged above, describe them and state what medical nent, if any, you required and received.				
	Suffere	ed from an assault, my back hurts. slander, defamation, libel, lost clients and job lost.				

V.	Relief:		
State	what you want the	Court to do for you and the	e amount of monetary compensation, if any, you are
seeki	ng, and the basis fo	r such compensation.   want.	Justice, all relief the court see fit, and monetary
comp	ensation of \$18,600,0	00.00	
***************************************			
I dec	lare under penalty	of perjury that the forego	ing is true and correct.
Signe	d this 17 day of 10	, 2014.	
		Signature of Plaintify	Eldul
		Mailing Address	4505 Bronx Blvd. suite 3
		Maning Address	Bronx, New York, 10470
		Telephone Number	6466263007
		Fax Number (if you	have one)
		(2)	
Note:	All plaintiffs nam	ed in the caption of the con	aplaint must date and sign the complaint. Prisoners
	must also provide	their inmate numbers, pres	sent place of confinement, and address.
For P	risoners:		
l decl this co the So	are under penalty of omplaint to prison a outhern District of N	f perjury that on this  thorities to be mailed to the lew York.	day of, 20, I am delivering Pro Se Office of the United States District Court for
		Signature of Plaintiff	•
		Inmate Number	•